HISPANIC OUTREACH PROGRAM

I. SERVICE DEFINITION

The Hispanic Outreach Program is designed to reach older persons in the Hispanic community who, because of language and cultural barriers, have had difficulty accessing services.

The program involves two key components: A) advocacy; and B) outreach.

A. **Advocacy**. The advocacy component of the program involves working with agencies and organizations to encourage and support their efforts to use available resources to assist older Hispanics. The purpose of this component is to establish/improve access to services by Hispanic elderly and to enhance the organizations' abilities to serve this population. Advocacy efforts should first target those organizations which provide social services, health care, housing, and financial support, i.e., those services which cover basic needs. Secondary efforts should be directed to agencies which provide services that may enhance the quality of life for Hispanic elderly, such as educational and recreational services. Advocacy activities can include, but are not limited to, translating written material; increasing cultural sensitivity/awareness; obtaining and disseminating previously-developed resource materials; coordinating with agencies in the identification of barriers to services; technical assistance in developing options to overcome barriers, e.g., identifying existing resources, generating volunteer support, and establishing partnerships with outside organizations.

B. **Outreach**. The purpose of the outreach component of the program is to provide older persons in the Hispanic community with information about available services and programs and to invite their participation in those programs and services from which they can benefit. Outreach activities can include, but are not limited to, the preparation and/or distribution of written materials, public presentations to targeted audiences, displays at community events, dissemination of information through TV, radio, newspapers, church newsletters and other media, development and distribution of newsletters, and other appropriate methods.

II. SERVICE GOALS

The goals of the Hispanic Outreach Program are: (1) to enhance the capacity of organizations in Delaware to serve older Hispanics; (2) to increase awareness among Hispanic elderly of available services and programs; (3) and ultimately, to increase access to services among Hispanic elderly.

III. SERVICE UNIT

The unit of service for the Hispanic Outreach Program is one hour of outreach or advocacy activities as listed in Section VI.

V. SERVICE AREA

The service area is New Castle County, Delaware.

V. SERVICE LOCATION

The service location of the Hispanic Outreach Program is New Castle County, Delaware.

VI. DESCRIPTION OF SERVICES

A.   Narration

The Hispanic Outreach Program includes the staff, supplies, facilities, and supports necessary to provide advocacy and outreach services. Components of the Program should include:

- Maintaining files on demographic characteristics of the older Hispanic population in Delaware and utilizing these data for program planning purposes. (Current data are available from DSAAPD as well as from other sources.) Data may be utilized to target geographic areas for outreach efforts, as well as to support advocacy efforts in approaching agencies and organizations.

- Acting as an advocate for elderly Hispanic persons by identifying and establishing linkages with organizations and agencies in New Castle County which serve the Hispanic elderly.

DESCRIPTION OF SERVICES (cont.)

- The Program should then provide technical assistance to these agencies in identifying and developing the resources necessary to serve elderly Hispanics. Creativity should be used in identifying options for making services more accessible.

- Disseminating information to elderly Hispanic individuals and their families about services. Information may be disseminated through the media, public presentations, distribution of written materials, and other appropriate means.

- Establishing and maintaining linkages with other key service providers in the aging network and Hispanic service network, as well as DSAAPD. This will benefit advocacy activities and ensure that the Program has an awareness of available and appropriate services.

- Referring persons in need of information and/or services to appropriate service agencies.

B.   Prohibited Service Components

The following service components are prohibited and will not be reimbursed under this contract:
- Serving individuals under sixty years of age.

- Providing services or advice, except through referral, in areas for which the Hispanic Outreach staff member is not qualified (e.g., medical, financial, and/or legal advice.)

- Providing any service which would be a component of case management, such as coordination and provision of supportive services, transportation, assessment, and counseling. The only exceptions are emergency situations. For the purpose of this contract, emergency situations are defined as those situations in which the absence of intervention would result in harm to the individual's physical well being. Routine medical appointments are not to be considered emergencies.

VII. SERVICE STANDARDS

The Hispanic Outreach Program must meet or exceed the following standards:

- Program staff will maintain confidentiality on matters related to communication with or about individuals, families, and caregivers.

- Participants, family members, and/or caregivers must be informed of the cost of providing services and must be offered the opportunity to make voluntary contributions to help defray the cost of services, thereby making additional services available to others. Providers must have procedures in place to 1.) inform applicants, family members, and/or caregivers of the cost of providing services and offer them the opportunity to make voluntary contributions; 2.) protect the privacy of the individual regarding his/her contribution; 3.) safeguard and account for all donations and use the contributions to expand services.

- The program office must have specific hours of operation; these hours must be publicized and adhered to.

- The program must maintain data on program activities as requested by DSAAPD and submit quarterly program performance reports as required by DSAAPD. (The format for the program performance report is attached to these specifications.)

- All program files must be kept in a secure location.

- The program must submit a detailed plan for developing and implementing advocacy and outreach services to DSAAPD to be included in the contract. This plan should be developed in coordination with DSAAPD staff. Final approval will be made by the Director of DSAAPD and will be incorporated into the service contract as an amendment. The plan must include specific activities to be carried out in the areas of advocacy and outreach and must include dates for the completion of these activities.

- Program evaluation will be based on the Hispanic Outreach Program's ability to meet service goals and comply with the service plan as indicated on narrative and statistical portions of quarterly program performance reports and through routine program monitoring by DSAAPD staff.

VIII. SERVICE PRIORITIES

The Hispanic Outreach Program, funded by DSAAPD, will target New Castle County residents sixty years of age and older.

IX. STAFF REQUIREMENTS

The coordinator of the Hispanic Outreach Program must have the following qualifications:
- Strong public relations and communication skills.

- Ability to plan, implement, and maintain communication with the aging and Hispanic service networks.

- Knowledge of and experience in the human service system.

- Oral and written proficiency in English and Spanish.

X. TYPE OF CONTRACT

Cost Reimbursement

XI. METHOD OF PAYMENT

Monthly advance to the service provider to be applied to the incurring of and payment for allowable costs as stated in the approved line item/cost category budget.

XII. REPORTING REQUIREMENTS

A Quarterly Program Report and a Quarterly Financial Report are required and must be received by DSAAPD no later than twenty-one (21) calendar days following the end of the quarter. Each report must contain a live signature (preferably in blue ink) of the official who completed the report. The phone number and the date the report was completed are also required. A final financial report is due to the Division within ninety (90) calendar days after the program end date. Additional information can be found on these reports in the DSAAPD Policies and Procedures Manual.

QUARTERLY PROGRAM PERFORMANCE REPORT

Hispanic Outreach Program

I. Describe significant accomplishments this quarter:

Advocacy:
_____
_____
_____
_____

Outreach:

_____
_____

II. Describe significant problems or barriers encountered this quarter:

Advocacy:
_____
_____

Outreach:

III. List Committees, Boards, and Associations you worked with this quarter:

Organization Name	Meeting Dates	Efforts, Discussion Topics, Comments

HISPANIC OUTREACH PROGRAM

Advocacy - - New Contact Sheet

Agency Name: _____ Contact Date: _____

Contact Person: _____ Title: _____

===

Reasons for selecting <u>this</u> agency: _____

_____

_____

Desired outcomes: _____

_____

_____

Issues, Barriers: _____

_____

_____

Action / Assistance Plan: _____

_____

_____

Next Steps: _____

_____

_____

Planned Follow-up: _____

_____

_____

Planned Service Units and Proposed Objectives
HISPANIC OUTREACH PROGRAM

ADVOCACY	Yr Goal	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	TOTAL
New Agencies Contacted						
Awareness Sessions Conducted						
Persons attending awareness sessions						
OUTREACH						
Presentations given						
People Attending Presentations						`
HOP brochures distributed						
Community event displays						
MEDIA EFFORTS						
Newsletters						
HOP newsletters distributed						
Spanish articles written						
Publication requests to community newsletters						
Radio / TV						
PSA's to local Spanish radio or TV programs						
Radio / TV appearances						
Other Media Efforts (Describe:)						
Agency Coordination:						
Technical assistance "partnerships" formed						
DSAAPD service guides distributed						

Signature: _____ Date: _____